Hospice Quality Reporting Program

The 2020 Updates

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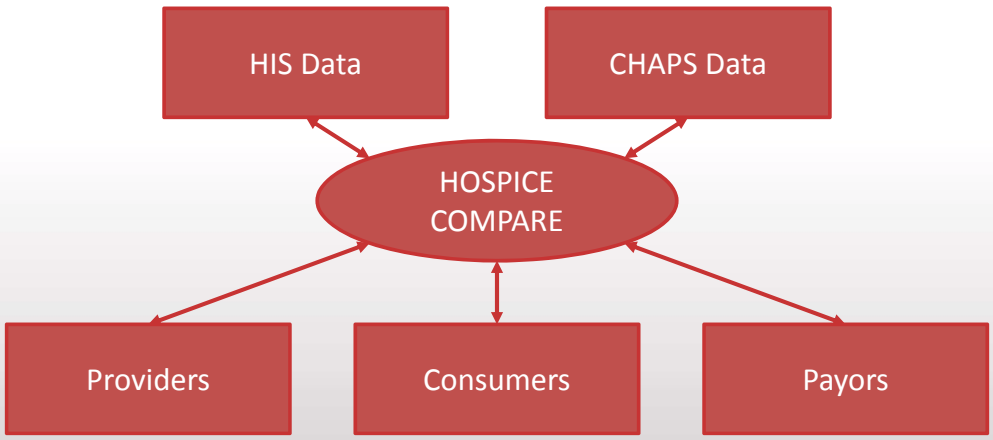
November 2020

This Session Will Focus On

1. Where the Hospice Quality Reporting Program (HQRP) is today
2. How you compare
3. How to use your data to improve care

The Hospice Quality Reporting Program



Goals of HQRP

- Promote delivery of high quality healthcare services
- Adopt measures that promote person-center, high-quality and safe care
- Improve beneficiary outcomes including reducing health disparities

Remember

- Hospices must submit their calendar year data timely for both HIS and CAHPS or be subject to a 2% reduction in their Fiscal Year Annual Payment Update (APU).
  - Exemption for January through July 2020 due to PHE

Payment Impact

- The data reporting is always two years behind the payment impact of 2% reduction for Medicare payments (note, this is pay for reporting, not for performance)
- Data collected during calendar year 2020 impact the FY 2022 APU.
- The upcoming data collection year starts with January 1, 2020 and will impact the 2022 APU.

HQRP Timeliness Compliance Threshold

- Compliance Threshold for the determination of the Annual Payment Update (APU) includes the following requirements for hospices:
  - At least 90% of all required Hospice Item Set (HIS) records must be submitted and accepted within the 30-day submission deadline.
  - Quarterly Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data must be submitted and accepted by the quarterly deadlines by a CMS-approved third-party vendor.

Meaningful Measures – CMS Initiative

Principles for identifying meaningful measures:

- Patient centered and meaningful to patients, clinicians and providers
- Address high-impact measure areas that safeguard public health
- Outcome-based where possible
- Minimize level of burden for providers
- Create significant opportunity for improvement
- Address measure needs for population based payment through alternate payment models
- Align across programs

The Six Overarching Quality Categories

1. Promote Effective Communication and Coordination of Care
2. Strengthen Person and Family Engagement as Partners in their Care
3. Promote Effective Prevention and Treatment of Chronic Disease
4. Work with Communities to promote Best Practices of Healthy Living
5. Make Care Affordable
6. Make Care Safer by Reducing Harm Caused in the Delivery of Care

Patient Centered

Strengthen Person & Family Engagement as Partners in their Care

- Meaningful Measure Area – End of Life Care according to Preferences

Quality Measures and initiatives

- % of patient stays with chart documentation that hospice discussed preference for life sustaining treatments
- Hospice visits while death is imminent
- Beliefs/values addressed
- Treatment preferences
- Address not only establishing what patient/family wants bur also providing care and services in line with those preferences
- Measures, preferable outcome, of medication management, provision of bereavement services, patient care preferences, symptom management

Claims Based Measure Concepts are Coming

- Claims based measures
  1. Potentially avoidable hospice care transitions
     - Discharge from hospice followed by either death or acute care in short period of time
  2. Access to levels of care
     - Utilization of GIP and CHC

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~~HEART~~
HOPE

~~*Hospice Evaluation and Assessment Tool*~~
Hospice Outcomes &
Patient Evaluation

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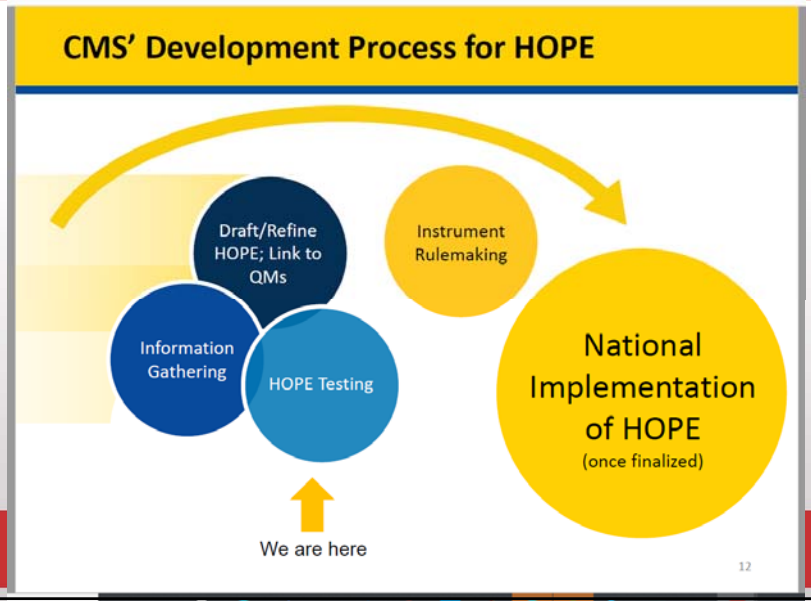
HOPE (Per CMS)

- Goal:
  - Patient evaluation for use by hospices
  - Enables CMS to develop outcome measures that will help consumers in selecting hospices when publicly reported.
- The acronym, HOPE, also provides the sentiment of hope for patients achieving the quality of life per their goals and wishes and supported by the hospice.

Where are We with HOPE?



Goals of HOPE

Quality	• Assess care processes and outcomes relevant to hospice patient population
Clinical	• Gather patient-level information in a way that is harmonized with actual high quality care provisions and can assist in care planning
Case Mix	• Highlight patient characteristics that increase complexity of care in ways that increase resource use for hospice providers

Quality

- Principal purpose is to collect data that will be helpful for future quality measure development
- Will include HIS items and therefore used to calculate quality measures in the HQRP
- Will gather information about quality of care delivered throughout hospice stay
- Be used in future to create additional meaningful process and outcome quality measures

Clinical

- Gather patient-level information that aligns with clinical workflow and minimizes provider burden
- Provide flexibility that clinicians need to provide patient-centered care
- Will includes items/elements that help hospice staff work with patients/families to establish goals of care consistent with individual's values
- Does not replace any assessments required by CoPs

Case-Mix

- Gather information about patient characteristics that increase complexity of care that may increase resource use for hospices
- May help CMS identify patients who require highest intensity of hospice services
- Could allow CMS to explore future payment system refinements

Development of Draft Items

Seven domains of Interdisciplinary Assessment

1. Physical symptom management
2. Diagnosis and prognosis
3. Cognitive and functional status
4. Safety and environment
5. Psychosocial assessment
6. Patient/family preferences
7. Access, communication and care coordination

HOPE QM Concepts

1. Pain symptom and management
2. Pain distress
3. Pain preferences and concerns
4. Adequacy of pain regimen from prior care setting, pain treatment
5. Pain management in last days prior to discharge
6. Shortness of breath symptoms and management
7. Shortness of breath assessment
8. Advance Care Planning composite measure
9. Care coordination amount providers
10. Assessment of caregiving/psychosocial support – composite measure
11. Caregiver coping
12. Care planning
13. Emotional status assessment
14. Gastrointestinal and genitourinary assessment
15. Nutritional and diet status and symptom management, caregiver education
16. Drug regimen review and medication management issues

Hospice Compare

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"How Do YOU Know?"

- You move to a new area and have to figure out where to get your car fixed, or want to know where the best pizza delivery is, or the doctors in the area…
- How do YOU choose where to go?
  - Word of mouth/The Google/Yelp
  - Do you review ratings/reviews?
    - Which reviews do you focus on?

Remember

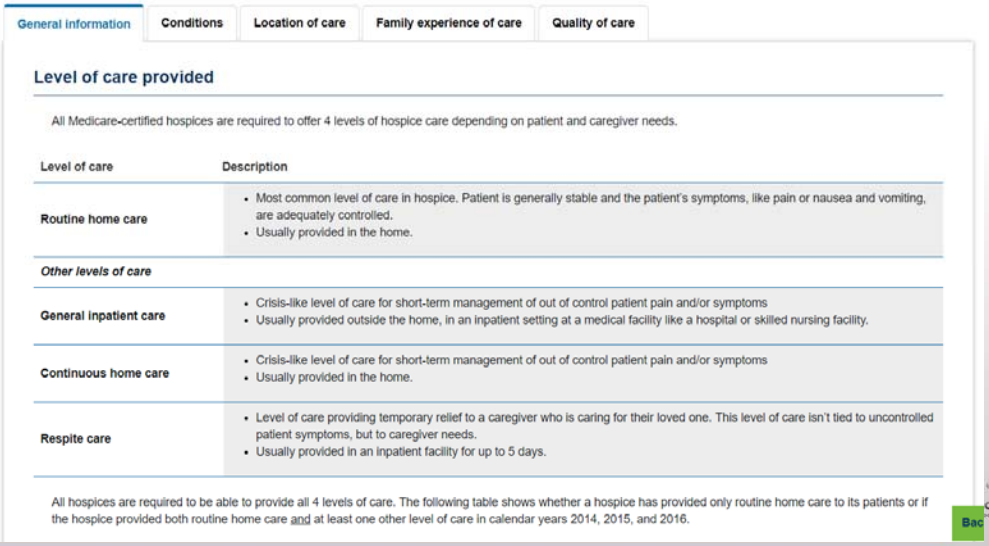
Hospices that are not included in public reporting:

- Did not meet threshold of 20 stays for a particular HIS denominator size
- Did not meet threshold for 50 survey eligible deaths or 30 completed CAHPS surveys

HIS Public Reporting

- HIS measures are calculated quarterly using a rolling 12 months of data with minimum denominator of 20 patient stays
- Data refreshed quarterly
- All hospice stays, except those that meet the exclusion criteria, discharged during the 12 months are included in denominator and are eligible for inclusion in the numerator
- Each stay of patients with multiple stays during the 12 month window is eligible

Hospice Compare– Educating the Public



General information | Conditions | Location of care | Family experience of care | Quality of care

Level of care provided

All Medicare-certified hospices are required to offer 4 levels of hospice care depending on patient and caregiver needs.

Level of care	Description
Routine home care	• Most common level of care in hospice. Patient is generally stable and the patient's symptoms, like pain or nausea and vomiting, are adequately controlled. • Usually provided in the home.
Other levels of care	
General inpatient care	• Crisis-like level of care for short-term management of out of control patient pain and/or symptoms • Usually provided outside the home, in an inpatient setting at a medical facility like a hospital or skilled nursing facility.
Continuous home care	• Crisis-like level of care for short-term management of out of control patient pain and/or symptoms • Usually provided in the home.
Respite care	• Level of care providing temporary relief to a caregiver who is caring for their loved one. This level of care isn't tied to uncontrolled patient symptoms, but to caregiver needs. • Usually provided in an inpatient facility for up to 5 days.

All hospices are required to be able to provide all 4 levels of care. The following table shows whether a hospice has provided only routine home care to its patients or if the hospice provided both routine home care and at least one other level of care in calendar years 2014, 2015, and 2016.

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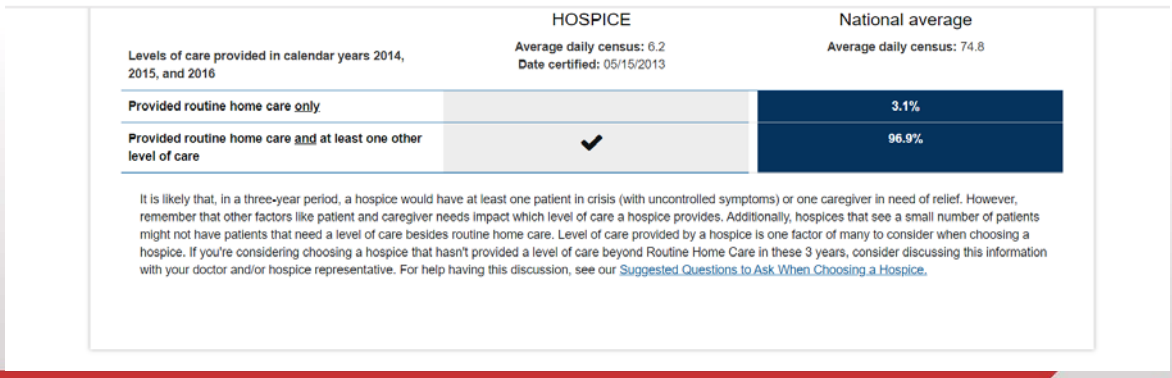
Ensuring Levels of Care



Levels of care provided in calendar years 2014, 2015, and 2016	HOSPICE **Average daily census:** 6.2 **Date certified:** 05/15/2013	National average **Average daily census:** 74.8
Provided routine home care only		3.1%
Provided routine home care and at least one other level of care	✔	96.9%

It is likely that, in a three-year period, a hospice would have at least one patient in crisis (with uncontrolled symptoms) or one caregiver in need of relief. However, remember that other factors like patient and caregiver needs impact which level of care a hospice provides. Additionally, hospices that see a small number of patients might not have patients that need a level of care besides routine home care. Level of care provided by a hospice is one factor of many to consider when choosing a hospice. If you're considering choosing a hospice that hasn't provided a level of care beyond Routine Home Care in these 3 years, consider discussing this information with your doctor and/or hospice representative. For help having this discussion, see our Suggested Questions to Ask When Choosing a Hospice.

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Notes Types of Conditions

Medical conditions	ABC HOSPICE - UTAH, LLC Average daily census: 129.1 Date certified: 05/14/2007	National average Average daily census: 74.8
Cancer	7.1%	27.3%
Dementia	19.6%	21.2%
Stroke	9.2%	9.4%
Circulatory/heart disease	35.0%	20.8%
Respiratory disease	10.2%	11.9%
All other conditions	18.9%	16.1%

And Where Services are Provided

Location of care	Average daily census: 129.1 Date certified: 05/14/2007	Average daily census: 74.8
Home	✓	99.8%
Assisted living facility	✓	76.1%
Nursing facility	✓	60.8%
Skilled nursing facility	✓	52.5%
Inpatient hospital facility		31.5%
Inpatient hospice facility	Less than 11 patients	17.0%
All other locations		17.6%

Family Caregiver Satisfaction

Communication with family	71%	80%
Getting timely help	70%	78%
Treating patient with respect	89%	91%
Emotional and spiritual support	90%	90%
Help for pain and symptoms	70%	75%
Training family to care for patient	54%	75%
Rating of this hospice	74%	81%
Willing to recommend this hospice	75%	84%

Quality of Care

Quality of patient care

The Hospice Item Set (HIS) Comprehensive Assessment Measure is a composite of 7 HIS care process measures. Specifically, this one measure shows if hospice staff completed all of the following when a patient was admitted to hospice care:

- Asked patients about their treatment preferences and beliefs & values
- Checked to see if patients were in pain
- Thoroughly assessed patients in pain
- Checked to see if patients had shortness of breath
- Began treating patients with shortness of breath, **and**
- Offered care for constipation for patients taking opioids

If a hospice didn't complete even one of these 7 care processes for a patient, the patient isn't included in the HIS Comprehensive Assessment Measure score.

- Each agency electronically reports data about these measures to the Centers for Medicare & Medicaid Services (CMS) using the Hospice Item Set (HIS)
- The data were collected between 07/01/2017 and 06/30/2018
- **Higher percentages are better**

Table | Graph

	Hospice ABC UTAH, LLC	National average
Patients who got an assessment of all 7 HIS quality measures at the beginning of hospice care to meet the HIS Comprehensive Assessment Measure requirements	95.7%	85.3%

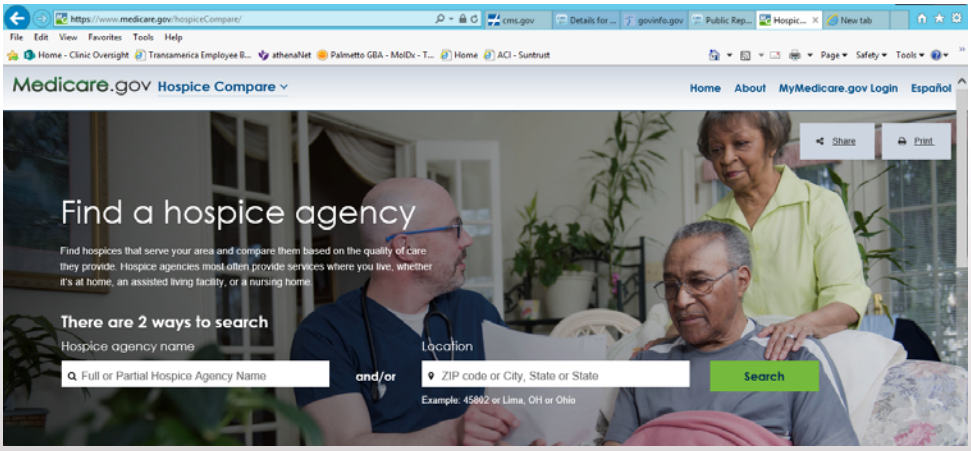
View more information about the 7 measures that make up the HIS Comprehensive Assessment Measure +

Back to top

Measures in Comprehensive Assessment

Patients or caregivers who were asked about treatment preferences like hospitalization and resuscitation at the beginning of hospice care	100.0%	99.0%
Patients or caregivers who were asked about their beliefs and values at the beginning of hospice care	99.4%	96.2%
Patients who were checked for pain at the beginning of hospice care	99.4%	96.6%
Patients who got a timely and thorough pain assessment when pain was identified as a problem	96.0%	89.2%
Patients who were checked for shortness of breath at the beginning of hospice care	100.0%	98.1%
Patients who got timely treatment for shortness of breath	98.5%	96.1%
Patients taking opioid medication who were offered care for constipation	100.0%	94.0%

How do YOU compare?



Let's take a look!

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Using Data to Improve Care

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CASPER Quality Measure (QM) Reports

- CASPER QM reports are intended to provide hospice providers with feedback on their quality measure scores, helping them to improve the quality of care delivered.
- CASPER QM reports:
  - view national average scores;
  - specify a reporting period;
  - view your own quality data at both the patient-stay level and hospice level;
  - on-demand - enabling providers to view and compare their performance to a national comparison group at any time and for a reporting period of their choice;
  - for internal purposes only and is not intended for public display.

CASPER Reports- How to Find

- CASPER has many other valuable reports with specific functions. Select the CASPER Reporting link on the CMS QIES* for Providers webpage.
- Locate hospice-specific reports in these categories in CASPER:Hospice Provider.
- Hospice Quality Reporting Program.

- The CASPER Reporting User's Guide For Hospice Providers is available at https://qtso.cms.gov/reference-and-manuals/casper-hospice-reporting-users-guide.
- *All current QIES functions will be migrated to the new iQIES platform no sooner than 2021

Quality Measures

Measure Title (NQF ID)	Measure Description
Treatment Preferences (NQF #1641)	The percentage of hospice patient stays with chart documentation that the hospice discussed (or attempted to discuss) preferences for life-sustaining treatments.
Beliefs/Values Addressed (if desired by the patient) (NQF #1647)	The percentage of hospice patient stays with documentation of a discussion of spiritual and existential concerns or documentation that the patient and/or caregiver did not want to discuss.
Pain Screening (NQF #1634)	The percentage of hospice patient stays during which the patient was screened for pain during the initial nursing assessment.
Pain Assessment (NQF #1637)	The percentage of hospice patient stays during which the patient screened positive for pain and received a comprehensive assessment of pain within 1 day of screening.

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Quality Measures

Dyspnea Screening (NQF #1639)	The percentage of hospice patient stays during which the patient was screened for dyspnea during the initial nursing assessment.
Dyspnea Treatment (NQF #1638)	The percentage of hospice patient stays during which the patient screened positive for dyspnea and received treatment within 1 day of the screening.
Patients Treated with an Opioid who are Given a Bowel Regimen (NQF #1617)	The percentage of patient stays with vulnerable adults treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed.

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Quality Measures

Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission (NQF #3235)	The percentage of hospice stays during which patients received a comprehensive patient assessment at hospice admission.
Hospice Visits When Death Is Imminent, last 3 days of life	The percentage of patients receiving at least one visit from a registered nurse, a physician, a nurse practitioner, or a physician assistant in the last three days of life
Hospice Visits When Death Is Imminent, last 7 days of life	The percentage of patients receiving at least two visits from a medical social worker, a chaplain or spiritual counselor, a licensed practical nurse, or a hospice aide in the last seven days of life

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Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	Comparison Group National Average	Comparison Group National Percentile
Treatment Preferences (NQF #1641)	H001.01	10	20	50.2%	75.2%	23
Beliefs/ Values (NQF #1647)	H002.01	5	20	25.3%	50.2%	5
Pain Screening (NQF #1634)	H003.01	0	0	-	50.2%	-
Pain Assessment (NQF #1637)	H004.01	10	20	50.2%	75.2%	23
Dyspnea Screening (NQF #1639)	H005.01	5	20	25.2%	50.2%	5
Dyspnea Treatment (NQF #1638)	H006.01	15	20	75.2%	50.2%	95
Bowel Regimen (NQF #1617)	H007.01	10	20	50.2%	75.2%	23
Hospice Comprehensive Assessment (NQF #3235)	H008.01	5	20	25.2%	72.3%	5
Hospice Visits when Death is Imminent, Measure 1	H009.01	5	20	25.2%	50.2%	5
Hospice Visits when Death is Imminent, Measure 2	H010.01	15	20	75.2%	72.3%	95

This field contains the number of patient stays that triggered the measure.

This field contains the number of patient stays that could qualify for the measure.

This field contains the percentage of patient stays in the hospice that triggered the measure. This value is derived by dividing the numerator value by the [illegible] and multiplying by 100.

This field contains the average of the measure occurrence for all providers in the country. This number is calculated by taking the sum of all of the hospices' scores, and dividing by the total number of hospices in the country.

This field contains the provider's national rank. For example, if the provider's national percentile value is 23, this means that 23% of the providers in the nation had a QM score that was less than or equal to the provider's score.

Companion Data

Patient Name	Patient ID	Admission Date	Discharge Date	Treatment Preferences	Beliefs/Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Bowel Regimen	Hospice Comprehensive Assessment	Hospice Visits when Death is Imminent, Measure 1	Hospice Visits when Death is Imminent, Measure 2	Quality Measure Count
DOE, ANN	123456	10/01/2014	10/15/2014	b	b	b	b	b	b	b	d	d	d	0
DOE, CAROL	234567	10/25/2014	11/04/2014	X	b	X	e	b	b	X	d	d	d	3
DOE, LESLIE	345678	01/06/2015 c	01/01/2015	e	e	e	e	e	e	e	d	d	d	0
DOE, RUTH	456789	11/17/2014	N/A	e	e	e	e	e	e	e	e	e	e	0
DOE, THOMAS	567890	01/23/2015	02/15/2015	X	b	b	b	X	e	X	d	d	d	3

The date on which the hospice becomes responsible for the care of the patient.

'c' indicates that the admission date was extracted from the discharge record because the admission record is missing. If 'c' appears, verify that an admission record was submitted for that patient stay.

This field contains the date the hospice discharged the patient, the date the patient expired, or the date the patient revoked the Medicare benefit.

These fields contain the outcomes from the HIS quality measures. If 'b' is displayed, the patient stay did not trigger the measure. IF 'e' is displayed, the patient stay was excluded from the measure denominator. If 'X' is displayed, the patient stay triggered the measure. If 'd' is displayed, the measure was not implemented during part or all of the patient stay; therefore, the measure cannot be calculated for this patient stay. 'c' and 'N/A' do not indicate measure outcomes.

This field contains the number of patient stays that triggered the measure.

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CMS Expectations

Hospice-Level Quality Measure Report

This report enables hospice providers to review their quality measure scores at the hospice-level and compare their organization's overall performance to the national average scores. Figure 1 illustrates how to read this report.

- This report can assist hospice providers in their quality improvement processes. The report will enable hospice providers to identify on which quality measures they perform well and for which quality measures they could develop quality improvement interventions to improve performance.
- Hospice providers can trend their quality measure results by comparing their quality measure scores and percentiles across multiple reporting periods, such as consecutive quarters. Trending the quality measure scores enables hospice providers to monitor the progress of the quality improvement interventions.

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CMS Expectations - **Sample Process**

- Obtain Hospice-Level Quality Measure Report.
- Use hospice-level performance on this report to identify on which quality measures your hospice performs well and which quality measures need improvement.
- Obtain the Hospice Patient Stay-Level Quality Measure Report for the same report period that was selected for the Hospice-Level Quality Measure Report.
- Use the Hospice Patient Stay-Level Quality Measure Report to determine a sample of patient stays that triggered a specific quality measure (i.e., met the numerator criteria) and those that did not trigger that quality measure. The patient stays that did not trigger each quality measure reflect opportunities for quality improvement.
- Audit the charts for those sample patient stays to determine where there are opportunities to improve care and where defined care processes were not carried out as planned. Identify root causes of why the care processes were not carried out as planned, which may require looking beyond chart data. For example, if all patient stays in a poor-performing quality measure were under the care of one nurse, discuss with the nurse about why sub-optimal care was delivered. In cases where excellent care was identified, note how those processes could be replicated and applied to other patients.
- Implement changes in care processes related to the findings of the chart audits.
- Repeat this cycle monthly to drive quality improvement.

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Composite Score – Action Item

- Ensure that there is a process in place to assure that each HIS measure is completed on all patients
- Use your reports to drill down

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Drilling Down- Using the Reports to Improve Scores

Look at Patient-Stay Level Report to identify which patients not included in the numerator

- Look for those patients marked with a "b"
- Go back to those patient's clinical records and look for trends
- Use information to educate and counsel

Action Items: Hospice Visits when Death is Imminent Measure Pair

- If not already doing so, work with EMR vendor to calculate measures
- Teach staff to better recognize "transitioning" or actively dying
- Increase visits when symptoms increase or after any treatment change (change to the POC)

CAHPS – How Do You Measure Up?

CAHPS Quality Measure	National Rate (10/01/2015 – 09/30/2017)
Communication with family	80%
Getting timely help	78%
Treating patient with respect	91%
Emotional and spiritual support	90%
Help for pain and symptoms	75%
Training family to care for patient	75%
Rating of this hospice	81%
Willing to recommend this hospice	85%

Action Items Impacting all CAHPS

- Improve return rates
- Drill down to the individual measures in the composite measure for lowest scores
- Review complaint log/service delivery failures for trends and resolutions
- Customer service training for all staff
- Review after hours logs
  - Visits made when change in symptom/family anxious
  - Visits at time of death

Increase Your Return Rate

- Know your return rate today
- Identify the correct caregiver and send to only one
  - At first IDG, ask who will be getting survey and verify in EHR
  - At IDG, when reviewing death and bereavement survey, confirm who will get the survey and verify in EHR
- Talk to patients and families about the survey to come during the course of care
- Remind families during bereavement calls
- For facility patients – communicate on a routine basis with the family

Communication – Action Items

1	2	3	4
Establish a standard of care for communicating with families for patients in facilities	Establish a standard of care for identifying the patient/caregiver's most important need at each visit	Schedule all visits and communicate to patient/family when they will occur **call if running late*	Teach all staff to be good listeners Address any concerns heard in IDG and develop a plan

Time Care Action Items

Establish	• Establish a standard for response time after hours and weekends – have a back up system in place
Educate	• Educate patients/caregivers on timeframe of when to expect call back
Provide	• When making after hours visit, give an estimate of when you will be there

Symptom Management Action Items

Standard of care for follow up contact/visit same day or next day after any change in treatment initiated

Improve comprehensive pain assessment

- Ensure documentation contains at least 5 of the 7 elements
- Re-educate nurses on how to complete comprehensive pain assessment
- Proper use of all pain scales

Ask at each visit about

- The 4 Ps
- Any anxiety or sadness
- Any trouble breathing

Training – Action Items

- Evaluate educational materials and techniques related to educating caregivers
  - Are they easy to read and understand
- Pain management education
  - Evaluate education program provided to caregiver
  - Develop simple, easy to understand pain management handouts
  - Pain diary
- Use of Teach Back
- Reinforce previous training at each visit

Respect and Emotional/ Religious Support Action Items

1	2	3	4
Review frequencies of SW and SC visits and other contacts	At each visit, take time to check in with the caregiver on how they are coping	Determine if the identified CAHPS recipient is receiving bereavement services following the death of the patient	Review Bereavement Program for opportunities to better provide emotional support to the family /caregiver in the weeks following the death

The Future of Public Reporting

- Potentially a five star rating system
- Continued development of additional measures
- Use of HOPE to take place of HIS in the future
- Claims compilation insights were discussed August 2020 by CMS
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HOPE
- Utilization data displayed on Hospice Compare (such as census)

Payment Data (PEPPER) Reflecting Quality

- The 2021 release of the Hospice Program for Evaluating Payment Patterns Electronic Report (PEPPER), anticipated spring 2021, will include at least one new target area – Average Number of Part D Claims per Hospice Episode.
- This target area will measure the count of Medicare Part D claims for beneficiaries billed during hospice episodes in the report period as a portion of the count of all beneficiary episodes discharged (by death or alive) by the hospice during the report period (obtained by considering all claims billed for a beneficiary by the hospice).
- The report period will cover the federal fiscal years 2018, 2019 and 2020.

Actions of the Prudent Hospice

- Monitor HIS data real time for any errors and correct as they occur
- Include timeliness reports as part of QAPI
- Improve CAHPS return rates
- Use data to improve care (and consequently the data)
- Trend visits at time of death
- Ensure staff are completing all HIS indicators on all patients at admission
- Monitor the PEPPER reports (claims data is coming to HQRP!)
- Work with
  - EMR vendors to calculate newest QM measures
  - CAHPS vendors to ensure mode and case mix adjustments are calculated in interim results

Resources

Hospice Quality Reporting

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/

CAHPS

https://hospicecahpssurvey.org/en

Questions?

To Contact Us

heretohelp@hospicefundamentals.com
561.454.8121
www.hospicefundamentals.com

The information enclosed was current at the time it was presented. This presentation is intended to serve as a tool to assist providers and is not intended to grant rights or impose obligations.

Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.